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ECHO

Thinking globally

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Penicillium marneffei is extremely rare in Britain, but it is the most common secondary pathogen in patients with HIV who are native to, or have travelled in, South East Asia and South China. Doctors would do well to remember this, as this case report from Britain shows.

Bateman *et al* were confronted with a Thai woman aged 29 admitted after three weeks' cough and feeling generally unwell eight months after moving to Britain from North East rural Thailand. She had facial skin lesions, lowered air flow into the upper left lung, and a swollen liver and spleen but no apparent risk factors for HIV infection. Initial tests for likely bacterial pathogens were negative. Sputum smears showed no tumour cells or mycobacteria, but bronchoscopy showed yeastlike organisms in the lavage fluid. The woman died suddenly four days after admission, before tests for HIV status and for other possible pathogens could be done.

Necroscopic findings confirmed HIV infection and showed left lung consolidation with a single large cavity and multiple lesions throughout the colon. Histologically, budding yeast forms were widely disseminated in multiple organs. A fungus—*P marneffei*—isolated from lung and bone marrow and seen in the CSF was the cause of the woman's recent chronic ill health and would itself have proved fatal without the added burden of sepsis with *Salmonella enteritidis*, isolated from the blood, spleen, bone marrow, and CSF.

P marneffei infection is treatable and needs to be distinguished from mycobacterial infections, visceral leishmaniasis, and histoplasmosis.

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